

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Gastroenterological Association Inc. PAC

A. Full Name (Last, First, Middle Initial) FRIENDS OF LOIS CAPPS Mailing Address PO Box 23940	Transaction ID: D116147 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div>
City State Zip Code Santa Barbara CA 93121 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 23	Amount of Each Disbursement this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS Mailing Address 3069 Conquista Court City State Zip Code Las Vegas NV 89121 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Shelley Berkley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 01	Transaction ID: D116151 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>
C. Full Name (Last, First, Middle Initial) PRICE FOR CONGRESS Mailing Address P.O. Box 425 City State Zip Code Roswell GA 30077 Purpose of Disbursement Campaign Contribution Candidate Name Rep. Tom Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 06	Transaction ID: D116150 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 0 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1000.00</div>

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)